



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

NAIC Group Code	00000	(Current Period)	,	00000	(Prior Period)	NAIC Company Code	12747	Employer's ID Number	20-4308924
Organized under the Laws of	Ohio					State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health [X]			Property/Casualty []			Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []			Vision Service Corporation []			Health Maintenance Organization []		
	Other []			Is HMO, Federally Qualified? Yes [] No []					
Incorporated/Organized	02/08/2006			Commenced Business			01/01/2007		
Statutory Home Office	2181 East Aurora Road					Twinsburg, OH, US 44087			
	(Street and Number)					(City or Town, State, Country and Zip Code)			
Main Administrative Office	2181 East Aurora Road								
	(Street and Number)								
	Twinsburg, OH, US 44087				330-405-8089				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)				
Mail Address	2181 East Aurora Road					Twinsburg, OH, US 44087			
	(Street and Number or P.O. Box)					(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	2181 East Aurora Road								
	(Street and Number)								
	Twinsburg, OH, US 44087				330-405-8089				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)				
Internet Web Site Address	www.envisionrx.com								
Statutory Statement Contact	Scott David Gonia CPA					330-486-4846			
	(Name)					(Area Code) (Telephone Number) (Extension)			
	eicaccounting@envisionrx.com					330-486-4801			
	(E-Mail Address)					(Fax Number)			

OFFICERS

Name	Title	Name	Title
William Carl Epling	President & Chief Operating Officer	Kimberly Sue Kirkbride	Treasurer
Michael Pryor DeMinico #	Vice President & Secretary	Thomas John Welsh	Chief Financial Officer & Executive Vice President

OTHER OFFICERS

Frank John Sheehy #	Chief Executive Officer	Catherine Hoagland Strautman	Executive Vice President
Dawn Gail Sherman #	Executive Vice President	Eugene Paul Samuels JD	General Counsel

DIRECTORS OR TRUSTEES

William Carl Epling	Barry Irwin Katz R.Ph.	Kimberly Sue Kirkbride	Kevin Michael Nagle
Eugene Paul Samuels JD	Catherine Hoagland Strautman	Thomas John Welsh	John Rayner Schilling #
Sharad Mansukani #			

State ofOhio.....
County ofSummit.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William Carl Epling President & Chief Operating Officer	Kimberly Sue Kirkbride Treasurer	Michael Pryor DeMinico Vice President & Secretary
Subscribed and sworn to before me this _____ day of _____, _____		
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number _____		
2. Date filed _____		
3. Number of pages attached _____		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0 0		.0 0		
2. Intermediaries .....	.0	.0 0		.0 0		
3. All other providers .....	.0	.0 0		.0 0		
4. Total capitation payments .....	.0	.0 0	0	.0 0	0	0
Other Payments:						
5. Fee-for-service .....	.0	.0 0	XXX	XXX		
6. Contractual fee payments .....	.0	.0 0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0 0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0 0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0 0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0 0	XXX	XXX		
11. All other payments	392,094,713	100 0	XXX	XXX	392,094,713	
12. Total other payments	392,094,713	100 0	XXX	XXX	392,094,713	0
13. Total (Line 4 plus Line 12)	392,094,713	100 %	XXX	XXX	392,094,713	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group							
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8,148									8,148
2 First Quarter	1,560									1,560
3 Second Quarter	1,466									1,466
4. Third Quarter	1,396									1,396
5. Current Year	1,371									1,371
6 Current Year Member Months	17,620									17,620
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,129,305									2,129,305
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,129,305									2,129,305
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,784,950									1,784,950
18. Amount Incurred for Provision of Health Care Services	1,755,468									1,755,468

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,129,305



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	740									740
2. First Quarter	789									789
3. Second Quarter	817									817
4. Third Quarter	853									853
5. Current Year	905									905
6. Current Year Member Months	9,921									9,921
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	810,805									810,805
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	810,805									810,805
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	642,062									642,062
18. Amount Incurred for Provision of Health Care Services	700,949									700,949

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$810,805

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Arizona	DURING THE YEAR 2014										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	5,516										5,516
2 First Quarter	6,786										6,786
3 Second Quarter	6,913										6,913
4. Third Quarter	7,087										7,087
5. Current Year	7,304										7,304
6 Current Year Member Months	83,562										83,562
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	6,741,914										6,741,914
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	6,741,914										6,741,914
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	5,884,687										5,884,687
18. Amount Incurred for Provision of Health Care Services	6,239,393										6,239,393

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,741,914

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,671									3,671
2. First Quarter	846									846
3. Second Quarter	792									792
4. Third Quarter	775									775
5. Current Year	747									747
6. Current Year Member Months	9,629									9,629
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,114,126									1,114,126
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,114,126									1,114,126
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,085,057									1,085,057
18. Amount Incurred for Provision of Health Care Services	1,072,443									1,072,443

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,114,126

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF California		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	138,204									138,204
2. First Quarter	149,145									149,145
3. Second Quarter	145,473									145,473
4. Third Quarter	139,830									139,830
5. Current Year	139,443									139,443
6. Current Year Member Months	1,726,089									1,726,089
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	151,885,684									151,885,684
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	151,885,598									151,885,598
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	137,878,142									137,878,142
18. Amount Incurred for Provision of Health Care Services	144,971,298									144,971,298

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$151,885,598



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Envision Insurance Company				2. _____					(LOCATION)	
NAIC Group Code	00000	BUSINESS IN THE STATE OF Colorado			DURING THE YEAR 2014			NAIC Company Code			12747	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year		6,740								6,740		
2. First Quarter		7,593								7,593		
3. Second Quarter		8,147								8,147		
4. Third Quarter		8,634								8,634		
5. Current Year		8,882								8,882		
6. Current Year Member Months		97,716								97,716		
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b).....		9,284,163								9,284,163		
13. Life Premiums Direct.....		0										
14. Property/Casualty Premiums Written.....		0										
15. Health Premiums Earned.....		9,284,163								9,284,163		
16. Property/Casualty Premiums Earned.....		0										
17. Amount Paid for Provision of Health Care Services		8,396,136								8,396,136		
18. Amount Incurred for Provision of Health Care Services		8,932,437								8,932,437		

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,284,163



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	571									571
2. First Quarter	539									539
3. Second Quarter	534									534
4. Third Quarter	528									528
5. Current Year	515									515
6. Current Year Member Months	6,358									6,358
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	724,026									724,026
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	724,026									724,026
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	645,633									645,633
18. Amount Incurred for Provision of Health Care Services	675,058									675,058

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$724,026



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	621									621
2 First Quarter	641									641
3 Second Quarter	627									627
4. Third Quarter	621									621
5. Current Year	606									606
6 Current Year Member Months	7,522									7,522
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	740,653									740,653
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	740,653									740,653
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	651,309									651,309
18. Amount Incurred for Provision of Health Care Services	698,927									698,927

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$740,653



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF District of Columbia	DURING THE YEAR 2014										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	683										683
2. First Quarter	663										663
3. Second Quarter	645										645
4. Third Quarter	628										628
5. Current Year	621										621
6. Current Year Member Months	7,738										7,738
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	866,457										866,457
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	866,457										866,457
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	892,463										892,463
18. Amount Incurred for Provision of Health Care Services	928,032										928,032

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$866,457



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,220									4,220
2. First Quarter	3,560									3,560
3. Second Quarter	3,379									3,379
4. Third Quarter	3,194									3,194
5. Current Year	3,106									3,106
6. Current Year Member Months	40,383									40,383
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,620,875									5,620,875
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,620,875									5,620,875
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	4,412,292									4,412,292
18. Amount Incurred for Provision of Health Care Services	4,750,917									4,750,917

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,620,875



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9,987									9,987
2. First Quarter	2,423									2,423
3. Second Quarter	2,171									2,171
4. Third Quarter	2,063									2,063
5. Current Year	1,817									1,817
6. Current Year Member Months	25,934									25,934
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,816,715									2,816,715
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,816,715									2,816,715
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,393,185									2,393,185
18. Amount Incurred for Provision of Health Care Services	2,354,331									2,354,331

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,816,715



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,148									1,148
2. First Quarter	350									350
3. Second Quarter	321									321
4. Third Quarter	318									318
5. Current Year	305									305
6. Current Year Member Months	3,948									3,948
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	447,557									447,557
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	447,557									447,557
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	354,051									354,051
18. Amount Incurred for Provision of Health Care Services	365,493									365,493

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$447,557



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,720									1,720
2 First Quarter	1,676									1,676
3 Second Quarter	1,630									1,630
4. Third Quarter	1,580									1,580
5. Current Year	1,555									1,555
6 Current Year Member Months	19,511									19,511
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,880,895									1,880,895
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,880,895									1,880,895
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,557,694									1,557,694
18. Amount Incurred for Provision of Health Care Services	1,624,737									1,624,737

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,880,895



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,786									17,786
2. First Quarter	19,025									19,025
3. Second Quarter	17,695									17,695
4. Third Quarter	15,679									15,679
5. Current Year	14,782									14,782
6. Current Year Member Months	206,106									206,106
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	18,990,887									18,990,887
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	18,990,887									18,990,887
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	16,068,571									16,068,571
18. Amount Incurred for Provision of Health Care Services	16,793,887									16,793,887

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$18,990,887



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8,479									8,479
2. First Quarter	8,214									8,214
3. Second Quarter	8,198									8,198
4. Third Quarter	7,978									7,978
5. Current Year	7,781									7,781
6. Current Year Member Months	96,925									96,925
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	10,013,415									10,013,415
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,013,415									10,013,415
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,358,279									9,358,279
18. Amount Incurred for Provision of Health Care Services	9,772,590									9,772,590

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,013,415

30.IN



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,574									3,574
2. First Quarter	3,555									3,555
3. Second Quarter	3,478									3,478
4. Third Quarter	3,419									3,419
5. Current Year	3,347									3,347
6. Current Year Member Months	41,688									41,688
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,317,531									4,317,531
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,317,531									4,317,531
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,857,078									3,857,078
18. Amount Incurred for Provision of Health Care Services	4,038,656									4,038,656

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,317,531

30.1A



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,694									2,694
2. First Quarter	824									824
3. Second Quarter	775									775
4. Third Quarter	756									756
5. Current Year	737									737
6. Current Year Member Months	9,394									9,394
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,067,186									1,067,186
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,067,186									1,067,186
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,092,483									1,092,483
18. Amount Incurred for Provision of Health Care Services	1,113,511									1,113,511

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,067,186

30.KS



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9,073									9,073
2. First Quarter	8,859									8,859
3. Second Quarter	8,779									8,779
4. Third Quarter	8,665									8,665
5. Current Year	8,489									8,489
6. Current Year Member Months	105,003									105,003
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	10,877,528									10,877,528
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,877,528									10,877,528
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,410,318									9,410,318
18. Amount Incurred for Provision of Health Care Services	9,800,907									9,800,907

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,877,528

30.KY



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,414									4,414
2. First Quarter	4,352									4,352
3. Second Quarter	4,233									4,233
4. Third Quarter	4,154									4,154
5. Current Year	4,057									4,057
6. Current Year Member Months	50,813									50,813
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,183,320									5,183,320
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,183,320									5,183,320
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	4,310,990									4,310,990
18. Amount Incurred for Provision of Health Care Services	4,537,885									4,537,885

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,183,320



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maine		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,278									1,278
2. First Quarter	807									807
3. Second Quarter	765									765
4. Third Quarter	600									600
5. Current Year	580									580
6. Current Year Member Months	8,503									8,503
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	913,441									913,441
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	913,441									913,441
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	740,710									740,710
18. Amount Incurred for Provision of Health Care Services	760,183									760,183

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$913,441

30.ME



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,810									3,810
2. First Quarter	3,983									3,983
3. Second Quarter	3,919									3,919
4. Third Quarter	3,875									3,875
5. Current Year	3,818									3,818
6. Current Year Member Months	47,029									47,029
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,299,854									5,299,854
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,299,854									5,299,854
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	4,676,806									4,676,806
18. Amount Incurred for Provision of Health Care Services	4,908,133									4,908,133

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,299,854



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	891									891
2. First Quarter	531									531
3. Second Quarter	508									508
4. Third Quarter	479									479
5. Current Year	465									465
6. Current Year Member Months	6,007									6,007
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	786,595									786,595
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	786,595									786,595
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	740,293									740,293
18. Amount Incurred for Provision of Health Care Services	762,366									762,366

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$786,595

30.MA



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2014	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
	1 Total	2							
		Individual	Group						
Total Members at end of:									
1. Prior Year	9,026								9,026
2. First Quarter	10,043								10,043
3. Second Quarter	10,455								10,455
4. Third Quarter	10,961								10,961
5. Current Year	11,511								11,511
6. Current Year Member Months	126,947								126,947
Total Member Ambulatory Encounters for Year:									
7. Physician	0								
8. Non-Physician	0								
9. Total	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0								
11. Number of Inpatient Admissions	0								
12. Health Premiums Written (b).....	13,162,099								13,162,099
13. Life Premiums Direct.....	0								
14. Property/Casualty Premiums Written.....	0								
15. Health Premiums Earned.....	13,162,099								13,162,099
16. Property/Casualty Premiums Earned.....	0								
17. Amount Paid for Provision of Health Care Services	10,565,910								10,565,910
18. Amount Incurred for Provision of Health Care Services	11,266,838								11,266,838

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,162,099



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group							
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,404									5,404
2. First Quarter	5,385									5,385
3. Second Quarter	5,280									5,280
4. Third Quarter	5,203									5,203
5. Current Year	5,093									5,093
6. Current Year Member Months	63,307									63,307
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	6,769,311									6,769,311
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,769,311									6,769,311
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	6,368,366									6,368,366
18. Amount Incurred for Provision of Health Care Services	6,666,854									6,666,854

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,769,311

30.MN



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,046									7,046
2. First Quarter	6,841									6,841
3. Second Quarter	6,618									6,618
4. Third Quarter	6,458									6,458
5. Current Year	6,319									6,319
6. Current Year Member Months	79,426									79,426
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	7,473,489									7,473,489
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	7,473,489									7,473,489
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	6,407,237									6,407,237
18. Amount Incurred for Provision of Health Care Services	6,670,638									6,670,638

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,473,489

30.MS



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	597									597
2. First Quarter	482									482
3. Second Quarter	467									467
4. Third Quarter	433									433
5. Current Year	423									423
6. Current Year Member Months	5,493									5,493
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	686,412									686,412
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	686,412									686,412
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	706,737									706,737
18. Amount Incurred for Provision of Health Care Services	741,243									741,243

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$686,412



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code00000BUSINESS IN THE STATE OF MontanaDURING THE YEAR 2014	Comprehensive (Hospital & Medical)		NAIC Company Code12747							
	1	2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,156									1,156
2. First Quarter	1,174									1,174
3. Second Quarter	1,155									1,155
4. Third Quarter	1,134									1,134
5. Current Year	1,109									1,109
6. Current Year Member Months	13,795									13,795
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,315,422									1,315,422
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,315,422									1,315,422
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,128,400									1,128,400
18. Amount Incurred for Provision of Health Care Services	1,176,605									1,176,605

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,315,422



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Nebraska	DURING THE YEAR 2014										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	2,008										2,008
2. First Quarter	2,031										2,031
3. Second Quarter	1,988										1,988
4. Third Quarter	1,955										1,955
5. Current Year	1,910										1,910
6. Current Year Member Months	23,811										23,811
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	2,517,264										2,517,264
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	2,517,264										2,517,264
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	2,652,770										2,652,770
18. Amount Incurred for Provision of Health Care Services	2,812,976										2,812,976

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,517,264



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Envision Insurance Company					2. _____			
NAIC Group Code 00000		BUSINESS IN THE STATE OF Nevada			DURING THE YEAR 2014			(LOCATION) NAIC Company Code 12747		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	543									543
2 First Quarter	785									785
3 Second Quarter	800									800
4. Third Quarter	785									785
5. Current Year	781									781
6 Current Year Member Months	9,458									9,458
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,052,844									1,052,844
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,052,844									1,052,844
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,303,514									1,303,514
18. Amount Incurred for Provision of Health Care Services	1,370,501									1,370,501

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,052,844



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
Envision Insurance Company

2. (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2014 NAIC Company Code 12747

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group								Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	865									865
2. First Quarter	267									267
3. Second Quarter	249									249
4. Third Quarter	233									233
5. Current Year	228									228
6. Current Year Member Months	2,972									2,972
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	306,068									306,068
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	306,068									306,068
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	311,776									311,776
18. Amount Incurred for Provision of Health Care Services	324,085									324,085

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$306,068



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Envision Insurance Company		2. _____		(LOCATION)				
NAIC Group Code	00000	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2014			NAIC Company Code 12747			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		21,930								21,930
2. First Quarter		21,185								21,185
3. Second Quarter		20,571								20,571
4. Third Quarter		20,168								20,168
5. Current Year		19,770								19,770
6. Current Year Member Months		247,182								247,182
Total Member Ambulatory Encounters for Year:										
7. Physician		0								
8. Non-Physician		0								
9. Total		0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0								
11. Number of Inpatient Admissions		0								
12. Health Premiums Written (b).....		27,430,519								27,430,519
13. Life Premiums Direct.....		0								
14. Property/Casualty Premiums Written.....		0								
15. Health Premiums Earned.....		27,430,519								27,430,519
16. Property/Casualty Premiums Earned.....		0								
17. Amount Paid for Provision of Health Care Services		23,817,838								23,817,838
18. Amount Incurred for Provision of Health Care Services		25,078,901								25,078,901

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$27,430,519



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,122									2,122
2. First Quarter	2,082									2,082
3. Second Quarter	1,974									1,974
4. Third Quarter	1,912									1,912
5. Current Year	1,873									1,873
6. Current Year Member Months	23,759									23,759
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,787,822									1,787,822
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,787,822									1,787,822
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,430,080									1,430,080
18. Amount Incurred for Provision of Health Care Services	1,505,387									1,505,387

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,787,822

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code		00000		BUSINESS IN THE STATE OF New York		DURING THE YEAR 2014					NAIC Company Code		12747	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1. Prior Year		36,704									36,704			
2 First Quarter		8,867									8,867			
3 Second Quarter		8,208									8,208			
4. Third Quarter		7,999									7,999			
5. Current Year		7,033									7,033			
6 Current Year Member Months		98,305									98,305			
Total Member Ambulatory Encounters for Year:														
7. Physician		0												
8. Non-Physician		0												
9. Total		0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred		0												
11. Number of Inpatient Admissions		0												
12. Health Premiums Written (b).....		11,742,007									11,742,007			
13. Life Premiums Direct.....		0												
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		11,742,007									11,742,007			
16. Property/Casualty Premiums Earned.....		0												
17. Amount Paid for Provision of Health Care Services		10,456,115									10,456,115			
18. Amount Incurred for Provision of Health Care Services		10,530,689									10,530,689			

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,742,007



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
Envision Insurance Company

2. (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2014 NAIC Company Code 12747

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group								Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	Total									
1. Prior Year	12,535									12,535
2. First Quarter	3,021									3,021
3. Second Quarter	2,715									2,715
4. Third Quarter	2,627									2,627
5. Current Year	2,527									2,527
6. Current Year Member Months	33,610									33,610
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,892,612									3,892,612
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,892,612									3,892,612
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,586,384									3,586,384
18. Amount Incurred for Provision of Health Care Services	3,618,474									3,618,474

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,892,612



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group							
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	556									556
2 First Quarter	585									585
3 Second Quarter	575									575
4. Third Quarter	572									572
5. Current Year	550									550
6 Current Year Member Months	6,895									6,895
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	668,317									668,317
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	668,317									668,317
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	625,623									625,623
18. Amount Incurred for Provision of Health Care Services	647,553									647,553

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$668,317



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2014										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	23,324										23,324
2. First Quarter	22,629										22,629
3. Second Quarter	21,441										21,441
4. Third Quarter	20,654										20,654
5. Current Year	20,259										20,259
6. Current Year Member Months	257,902										257,902
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	27,683,462										27,683,462
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	27,683,462										27,683,462
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	25,721,359										25,721,359
18. Amount Incurred for Provision of Health Care Services	26,877,466										26,877,466

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$27,683,462



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,300									3,300
2. First Quarter	968									968
3. Second Quarter	905									905
4. Third Quarter	894									894
5. Current Year	864									864
6. Current Year Member Months	11,068									11,068
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,390,989									1,390,989
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,390,989									1,390,989
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,232,966									1,232,966
18. Amount Incurred for Provision of Health Care Services	1,240,105									1,240,105

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,390,989

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,639									4,639
2 First Quarter	4,590									4,590
3 Second Quarter	4,433									4,433
4. Third Quarter	4,332									4,332
5. Current Year	4,213									4,213
6 Current Year Member Months	53,209									53,209
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,674,532									4,674,532
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,674,532									4,674,532
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,924,369									3,924,369
18. Amount Incurred for Provision of Health Care Services	4,110,532									4,110,532

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,674,532



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26,006									26,006
2. First Quarter	17,596									17,596
3. Second Quarter	16,730									16,730
4. Third Quarter	16,253									16,253
5. Current Year	15,823									15,823
6. Current Year Member Months	201,654									201,654
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	20,681,636									20,681,636
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	20,681,636									20,681,636
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	17,884,447									17,884,447
18. Amount Incurred for Provision of Health Care Services	18,279,642									18,279,642

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$20,681,636



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	156									156
2. First Quarter	70									70
3. Second Quarter	69									69
4. Third Quarter	67									67
5. Current Year	65									65
6. Current Year Member Months	823									823
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	91,633									91,633
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	91,633									91,633
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	98,225									98,225
18. Amount Incurred for Provision of Health Care Services	92,021									92,021

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$91,633



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,537									4,537
2 First Quarter	1,323									1,323
3 Second Quarter	1,217									1,217
4. Third Quarter	1,055									1,055
5. Current Year	977									977
6 Current Year Member Months	14,181									14,181
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,611,303									1,611,303
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,611,303									1,611,303
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,519,571									1,519,571
18. Amount Incurred for Provision of Health Care Services	1,534,610									1,534,610

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,611,303



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2014							NAIC Company Code	12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	1,197									1,197		
2. First Quarter	1,252									1,252		
3. Second Quarter	1,190									1,190		
4. Third Quarter	1,185									1,185		
5. Current Year	1,163									1,163		
6. Current Year Member Months	14,524									14,524		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b).....	1,419,227									1,419,227		
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	1,419,227									1,419,227		
16. Property/Casualty Premiums Earned.....	0											
17. Amount Paid for Provision of Health Care Services	1,333,558									1,333,558		
18. Amount Incurred for Provision of Health Care Services	1,387,056									1,387,056		

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,419,227



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	10,242									10,242
2. First Quarter	2,367									2,367
3. Second Quarter	2,140									2,140
4. Third Quarter	2,030									2,030
5. Current Year	1,946									1,946
6. Current Year Member Months	26,119									26,119
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,119,154									3,119,154
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,119,154									3,119,154
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,074,840									3,074,840
18. Amount Incurred for Provision of Health Care Services	3,098,897									3,098,897

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,119,154



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	37,722									37,722
2. First Quarter	8,098									8,098
3. Second Quarter	7,319									7,319
4. Third Quarter	7,021									7,021
5. Current Year	6,748									6,748
6. Current Year Member Months	89,535									89,535
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	10,314,159									10,314,159
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,314,159									10,314,159
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,950,588									9,950,588
18. Amount Incurred for Provision of Health Care Services	9,882,837									9,882,837

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,314,159



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2014				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,684									1,684
2. First Quarter	1,582									1,582
3. Second Quarter	1,507									1,507
4. Third Quarter	1,449									1,449
5. Current Year	1,419									1,419
6. Current Year Member Months	18,109									18,109
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,730,166									1,730,166
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,730,166									1,730,166
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,660,376									1,660,376
18. Amount Incurred for Provision of Health Care Services	1,722,973									1,722,973

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,730,166



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
Envision Insurance Company

2. (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2014 NAIC Company Code 12747

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
		Individual	Group								Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	Total									
1. Prior Year	122									122
2. First Quarter	77									77
3. Second Quarter	77									77
4. Third Quarter	71									71
5. Current Year	63									63
6. Current Year Member Months	877									877
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	85,000									85,000
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	85,000									85,000
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	81,168									81,168
18. Amount Incurred for Provision of Health Care Services	82,974									82,974

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$85,000



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2014	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
	1 Total	2							
		Individual	Group						
Total Members at end of:									
1. Prior Year	15,187								15,187
2. First Quarter	14,994								14,994
3. Second Quarter	14,417								14,417
4. Third Quarter	12,510								12,510
5. Current Year	11,565								11,565
6. Current Year Member Months	163,665								163,665
Total Member Ambulatory Encounters for Year:									
7. Physician	0								
8. Non-Physician	0								
9. Total	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0								
11. Number of Inpatient Admissions	0								
12. Health Premiums Written (b).....	16,412,038								16,412,038
13. Life Premiums Direct.....	0								
14. Property/Casualty Premiums Written.....	0								
15. Health Premiums Earned.....	16,412,038								16,412,038
16. Property/Casualty Premiums Earned.....	0								
17. Amount Paid for Provision of Health Care Services	15,617,135								15,617,135
18. Amount Incurred for Provision of Health Care Services	16,192,214								16,192,214

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$16,412,038



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9,861									9,861
2. First Quarter	9,634									9,634
3. Second Quarter	9,493									9,493
4. Third Quarter	9,280									9,280
5. Current Year	9,059									9,059
6. Current Year Member Months	113,500									113,500
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	10,137,441									10,137,441
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,137,441									10,137,441
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,368,402									9,368,402
18. Amount Incurred for Provision of Health Care Services	9,699,740									9,699,740

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,137,441

30.WA



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF West Virginia	DURING THE YEAR 2014										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	4,380										4,380
2. First Quarter	4,202										4,202
3. Second Quarter	4,112										4,112
4. Third Quarter	4,056										4,056
5. Current Year	3,997										3,997
6. Current Year Member Months	49,417										49,417
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	4,999,110										4,999,110
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	4,999,110										4,999,110
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	5,218,086										5,218,086
18. Amount Incurred for Provision of Health Care Services	5,381,417										5,381,417

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,999,110



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2014 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,912									6,912
2. First Quarter	7,151									7,151
3. Second Quarter	7,287									7,287
4. Third Quarter	7,522									7,522
5. Current Year	7,793									7,793
6. Current Year Member Months	88,360									88,360
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	9,066,140									9,066,140
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	9,066,140									9,066,140
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	8,542,072									8,542,072
18. Amount Incurred for Provision of Health Care Services	8,944,738									8,944,738

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,066,140

30.WI



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Wyoming	DURING THE YEAR 2014										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	459										459
2. First Quarter	475										475
3. Second Quarter	476										476
4. Third Quarter	473										473
5. Current Year	470										470
6. Current Year Member Months	5,696										5,696
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	557,927										557,927
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	557,927										557,927
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	673,348										673,348
18. Amount Incurred for Provision of Health Care Services	700,697										700,697

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$557,927

30.WY



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2014			NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	484,188	0	0	0	0	0	0	0	0	484,188
2 First Quarter	386,477	0	0	0	0	0	0	0	0	386,477
3 Second Quarter	375,133	0	0	0	0	0	0	0	0	375,133
4. Third Quarter	362,404	0	0	0	0	0	0	0	0	362,404
5. Current Year	356,784	0	0	0	0	0	0	0	0	356,784
6 Current Year Member Months	4,470,998	0	0	0	0	0	0	0	0	4,470,998
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	435,291,035	0	0	0	0	0	0	0	0	435,291,035
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	435,290,949	0	0	0	0	0	0	0	0	435,290,949
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	392,094,451	0	0	0	0	0	0	0	0	392,094,451
18. Amount Incurred for Provision of Health Care Services	409,196,267	0	0	0	0	0	0	0	0	409,196,267

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$435,290,949

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums.....	315,360	399,493	285,641	41,164	55,679
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	315,360	381,117	259,156	34,695	47,918
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	7,552	4,367	2,571	325	420
8. Reinsurance recoverable on paid losses.....	0	0	0	1,356	7,789
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	0	0	XXX	XXX
19. Letters of credit (L).....	0	0	0	XXX	XXX
20. Trust agreements (T).....	0	0	0	XXX	XXX
21. Other (O).....	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	26,268,945		26,268,945
2. Accident and health premiums due and unpaid (Line 15).....	27,575,749		27,575,749
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(304,941,245)	(304,941,245)
5. All other admitted assets (Balance).....	461,191,363		461,191,363
6. Total assets (Line 28)	515,036,057	(304,941,245)	210,094,812
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	19,824,163	7,551,858	27,376,021
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	833,837		833,837
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	329,784,628	(329,784,628)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	126,947,732	17,291,525	144,239,257
15. Total liabilities (Line 24).....	477,390,360	(304,941,245)	172,449,115
16. Total capital and surplus (Line 33).....	37,645,697	XXX	37,645,697
17. Total liabilities, capital and surplus (Line 34)	515,036,057	(304,941,245)	210,094,812
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	7,551,858		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	7,551,858		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	329,784,628		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	(17,291,525)		
30. Total ceded reinsurance payables/offsets	312,493,103		
31. Total net credit for ceded reinsurance	(304,941,245)		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
			46-4057731				Envision Topco Holdings, LLC	DE	UDP	TPG VI Envision, LP	Ownership	65.0	TPG VI Envision, LP	.0
			35-2481124				Envision Intermediate Holdings, LLC	DE	NIA	Envision Topco Holdings, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			46-3129138				Envision Acquisition Company, LLC	DE	NIA	Envision Intermediate Holdings, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			26-0676699				Envision Pharmaceutical Holdings LLC	DE	NIA	Envision Acquisition Company, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			34-1939227				Rx Options, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			34-4221427				MedTrak Services, LLC	MO	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			05-0570786				Envision Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			88-0511398				Envision Pharmaceutical Services, LLC	NV	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			20-3389462				Envision Medical Solutions, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
		12747	20-4308924				Envision Insurance Company	OH	RE	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			26-2434607				Orchard Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			59-2798509				First Florida Insurers of Tampa, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			59-3760021				Advance Benefits, LLC	FL	NIA	First Florida Insurers of Tampa, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			27-4368094				Design Rx Holdings LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			20-1369429				Design Rx, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			20-5166645				Design Rxclusives, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			20-3649446				Rx Initiatives L.L.C	UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	TPG VI Envision, LP	.0
			45-4806467				Ascend Health Technology LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0
			41-1924169				Laker Software, LLC	MN	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	TPG VI Envision, LP	.0

Asterisk	Explanation

42

42

42

42

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....

JUNE FILING

8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?YES.....
--	---------------

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....SEE EXPLANATION.....
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?SEE EXPLANATION.....
--	---------------------------

Explanation:

11. The Company does not offer Medicare Supplement Insurance.

12. The Company does not offer Life Insurance.

13. The Company does not write any Property/Casualty Insurance.

14. The Company has less than 100 shareholders.

15. The Company does not write Life Insurance.

16. The Company does not write Life Insurance.

18. Not Applicable.

19. Not Applicable.

20. Not Applicable.

21. The Company does not write Long-term Care Insurance.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Required by Florida and Illinois only.

23. The Company does not write any Property/Casualty Insurance.

24. Exempt Medicare Part D Business Only.

26. None Required.

Bar code:

11.


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23.


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OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2014 OF THE Envision Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

00000

NAIC Company Code

12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	83,776,411	XXX	17,184,388	XXX	100,960,799
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	24,466,359	XXX		XXX	24,466,359
1.2 Supplemental Benefits.....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(3,024,515)	XXX	(752,983)	XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	(1,718,452)	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	80,751,895	XXX	16,431,405	XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	22,747,907	XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums.....	103,499,802	XXX	16,431,405	XXX	125,427,158
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	83,171,903	XXX	14,532,866	XXX	97,704,769
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	11,846,624	XXX	2,069,995	XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	95,018,527	XXX	16,602,861	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims	95,018,527	XXX	16,602,861	XXX	97,704,769
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX	169,288,836	XXX	26,875,930	196,164,766
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	10,940,659	XXX	773,712	XXX	11,714,371
15. Expenses Incurred.....	8,754,416	XXX	619,103	XXX	XXX
16. Underwriting Gain/Loss.....	(273,141)	XXX	(790,559)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(180,156,748)

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